

POSITION	INITIALS	ID NO.	DATE
	SB		05-11-01
FEES DETERMINATION			
O.I.P.E. CLASSIFIER	CT	SL 708	5-24-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

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INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	05-09-01
2	05-09-01
3	05-09-01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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